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and of the  
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UNFPA

**UNITED NATIONS POPULATION FUND  
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director  
Assistance to the Government of Indonesia  
Support for a comprehensive population programme

|                                                   |                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Proposed UNFPA assistance:                        | \$30 million, of which \$25 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of \$5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. |
| Estimated value of the Government's contribution: | To be determined                                                                                                                                                                                                                                                                                                        |
| Duration:                                         | Five years                                                                                                                                                                                                                                                                                                              |
| Estimated starting date:                          | January 1995                                                                                                                                                                                                                                                                                                            |
| Executing agencies:                               | Government of Indonesia<br>United Nations and United Nations agencies and organizations<br>National and international non-governmental organizations (NGOs)                                                                                                                                                             |
| Government coordinating agencies:                 | State Ministry of Population<br>National Family Planning Coordination Board                                                                                                                                                                                                                                             |

Indonesia

Demographic facts

|                                          |         |                                              |       |
|------------------------------------------|---------|----------------------------------------------|-------|
| Population (000)                         |         | Average annual change (000)                  |       |
| Total . . . . .                          | 197,588 | Population increase . . . . .                | 3029  |
| Males . . . . .                          | 98,553  | Births . . . . .                             | 4749  |
| Females . . . . .                        | 99,035  | Deaths . . . . .                             | 1561  |
| Sex ratio (/100 females) . . . . .       | 99.5    | Net migration . . . . .                      | -159  |
| Urban . . . . .                          | 69,992  | Annual population total (% growth)           | 1.48  |
| Rural . . . . .                          | 127,596 | Urban . . . . .                              | 4.08  |
| Per cent urban . . . . .                 | 40.3    | Rural . . . . .                              | -0.11 |
| Population in year 2000 (000) . . . . .  | 212,731 | Crude birth rate (/1000) . . . . .           | 23.1  |
| Functional age groups (%)                |         | Crude death rate (/1000) . . . . .           | 7.6   |
| Young child: 0-4 . . . . .               | 11.1    | Net migration rate (/1000) . . . . .         | -0.8  |
| Child: 5-14 . . . . .                    | 21.9    | Total fertility rate (/woman) . . . . .      | 2.63  |
| Youth: 15-24 . . . . .                   | 20.8    | Contraceptive prevalence rate (% 15-44)      | 48    |
| Elderly: 60+ . . . . .                   | 6.7     | Gross reproduction rate (/woman) . . . . .   | 1.28  |
| 65+ . . . . .                            | 4.3     | Net reproduction rate (/woman) . . . . .     | 1.17  |
| Percentage of women aged 15-49 . . . . . | 53.2    | Infant mortality rate (/1000) . . . . .      | 48    |
| Median age (years) . . . . .             | 23.1    | Maternal mortality rate (/100,000) . . . . . | 450   |
| Dependency ratios: total . . . . .       | 59.5    | Life expectancy at birth (years)             |       |
| (/100) Aged 0-14 . . . . .               | 52.6    | Males . . . . .                              | 63.3  |
| Aged 65+ . . . . .                       | 6.9     | Females . . . . .                            | 67.0  |
| Agricultural population density          |         | Both sexes . . . . .                         | 65.1  |
| (/hectare of arable land) . . . . .      | 3.9     | GNP per capita (U.S. dollars, 1992)          | 670   |
| Population density (/sq. km.) . . . . .  | 104     |                                              |       |

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1994. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1994 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects: The 1994 Revision and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

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## I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of \$30 million, of which \$25 million would be programmed from UNFPA's regular resources, over a five-year period, starting in January 1995, to assist the Government of Indonesia in reaching its population and development objectives. This would be UNFPA's fifth cycle of assistance in Indonesia.

2. Indonesia has been one of the most successful developing countries in meeting its population objectives. The rate of intercensal population growth fell from 2.3 per cent to 1.9 per cent, a relatively modest decline, but a major achievement considering the magnitude of the concomitant decline in mortality rates. The crude birth rate fell from 40.6 births per 1,000 population in 1971 to 27.9 per 1,000 in 1990, and the death rate fell from 19.1 to 8.9 per 1,000 over the same period. The total fertility rate has decreased from 6 children per woman in the 1950s to around 3 by 1989. The contraceptive prevalence rate increased from 49.7 per cent in 1991 to 54.7 per cent in 1994. The infant mortality rate fell from 145 per 1,000 live births in 1967 to around 60 per 1,000 in 1993. (See the demographic fact sheet on p. 2 for the latest United Nations estimates.)

3. In the past, Indonesia's population programmes have concentrated on building maternal and child health and family planning (MCH/FP) services as part of an overall effort to provide people with the means to regulate fertility and to reduce morbidity and mortality. These efforts were translated into demographic goals, and, at times, the activities in the population sector were narrowly defined in terms of efforts to maximize acceptance of contraception and, in the process, to reduce fertility rapidly. The proposed programme recognizes that interventions can be successful if they address the wide range of reproductive health care needs of people of all ages, and if they can be sustained in the context of a self-reliant programme of reproductive health and family planning care. As a result, the proposed programme adopts a strategy of assisting the Government to broaden the range of reproductive health care efforts and to deepen the knowledge of clients, providers and managers about reproductive health services. It would support the provision of services to members of the population with special needs.

4. The general objectives of the proposed programme are to support the Government in its efforts to reduce maternal and infant mortality by improving the quality and coverage of reproductive health services; to reduce the national birth rate through the provision of quality family planning services geared towards fulfilling the individual needs of users; and to improve the well-being of families and individuals, especially of the elderly, youth and women. Additionally, the programme would address issues related to the environment and to the HIV/AIDS concerns of the Government.

5. The proposed programme represents a transition to a stage of self-reliance on the part of Indonesia. For this reason, a great deal of the proposed resources are designed to support relatively sophisticated activities in the fields of reproductive health and family planning (RH/FP); women, population and development; youth and the country's growing elderly population. Given Indonesia's success, an important element of the programme would be the continued development of "South-South" capabilities so that Indonesia can further share its experiences with other developing countries.

## II. BACKGROUND

6. Indonesia is the world's fourth most populous nation, after China, India and the United States. It contains the largest national concentration of Muslims in the world, although it recognizes adherents of four other religious groups and officially promotes a policy of religious tolerance. Although its estimated 1995 population of 198 million is spread over thousands of islands, 92 per cent of the Indonesian people live on four of these islands: Java, Kalimantan, Sumatera and Sulawesi.
7. Java, the smallest of Indonesia's four main islands, has a population of 113 million, or 59 per cent of the national total. Java's population density is 850 persons per square kilometre. In the past, it was regarded as one of the most densely settled agricultural areas in the world, but this is quickly changing as more of the labour force moves out of agriculture. The economy is increasingly based on industry and services as well as agriculture. The island is on the way to becoming a "city-island" with agriculture taking a secondary role. Nonetheless, the patterns of dense settlement in Java, and the increasing density of population of many regions in the other islands, provide a clear manifestation of one of the country's main population problems.
8. According to the 1991 Demographic and Health Survey, the total fertility rate (TFR) has decreased sharply from over 6 children per woman in the 1950s to 5.6 in the period 1967-1970 and to around 3.0 by 1988-1989. The TFR for Java and Bali has declined to around 2.7 in the same time period. The mean age at marriage for women in the country as a whole has increased from 19.3 in 1971 to 21.6 years in 1990. Whereas at the time of Independence, in August 1945, between a quarter and a third of women were married before reaching age 15, in recent years this has declined to around 5 per cent.
9. The infant mortality rate has fallen substantially in the past three decades: in 1967 it was 145 per 1,000 live births but by 1993 it had declined to around 60 per 1,000. Since infant and child deaths had accounted for a large portion of national mortality, the improved health of these age groups has rapidly increased the overall rate of survival. The expectation of life at birth rose from 45.7 years in 1971 to 62.7 years in 1994. The maternal mortality rate, however, is still very high: around 450 per 100,000 live births in 1986, falling only slightly to 425 per 100,000 in 1992.
10. Population policy in Indonesia has evolved in a consistent manner since 1969. From the outset, the country's policy recognized the potential benefits from a reduction of the population growth rate and redistribution of the population. Increasingly, however, Indonesia is recognizing the manifold aspects of the relationship between population and development through the changing emphasis of the stated goals of the family planning programme.
11. A wide range of contraceptive methods is available in Indonesia. However, practical access to the full range of methods varies according to supplies and the skills of local providers. Although the infrastructure exists for delivering family planning services, a great challenge of the programme has been to ensure nationwide access, given the geographic and cultural diversity of the country. Counselling in the understanding and use of contraceptive methods has been introduced, with particular emphasis on long-term or permanent methods. There is a need, however, to develop and expand the counselling

programme to take into account the role of village volunteers, cadres, formal and informal leaders, fieldworkers, midwives and physicians in the counselling process.

12. A major change in the nationwide population programme during the current five-year development plan is the proposed shift away from a target-driven programme to one based on the concept of demand fulfillment, where projections for planning will be set to reflect consumer demand for types of services instead of the demographically driven targeting procedures followed in the past. This poses a major challenge in shifting the administrative habits and structures of the entire programme, and it carries important implications for the relationship between the National Family Planning Coordination Board (BKKBN) and local implementing units.

### III. LESSONS LEARNED

13. UNFPA has been a partner with the Indonesian Government in the area of population and development since 1972 when it joined the World Bank in financing the country's first five-year population project. Since then, the Fund has provided more than \$83 million in assistance. During the fourth country programme (1991-1994), UNFPA programmed \$22 million from its regular resources and \$3 million from multi-bilateral sources, but this was later revised to a total of about \$16 million in line with changed financial capabilities. The fourth country programme supported the Indonesian Government's population objectives and programmes in the following areas: improving family planning and closely associated information, education and communication (IEC) services; strengthening research capabilities in the fields of biomedical technology, demography, family planning management and operations research; developing population studies centres at regional universities; strengthening the BKKBN International Training Programme; and supporting the development and implementation of the Law on Population Development and the Development of Happy and Prosperous Families. UNFPA, together with the United States Agency for International Development (USAID) and the World Bank, constitute the main sources of external assistance for population activities in the country.

14. UNFPA assistance for the fourth country programme helped to provide training opportunities for masters degree candidates within the country, strengthen ties between provincial policy makers and researchers, and provide opportunities for university research centres to conduct social and biomedical studies relevant to policy development. The programme supported the decentralized implementation of the family planning programme at provincial and district levels; contributed to the improvement of the quality of care in family planning services, including the development and provision of training for counsellors; and provided assistance for research on reproductive health care and for reproductive health initiatives, including the assessment of the reproductive health needs of adolescents. The programme stressed decentralization of IEC efforts to ensure not only that the materials developed reflected the country's cultural diversity and specific local needs, but also that local organizations and religious leaders were involved in the process. It assisted the Government in preparing the 1992 Indonesian Population Law and provided support for the development of management systems. The programme also helped Indonesia to play a leading role in the promotion of South-South collaboration in population matters.

15. The experience gained through the implementation of the fourth country programme indicates that there are a number of issues that need to be addressed in the next country programme. In the area of

reproductive health and family planning, these include the need: (a) to reduce the high maternal mortality rate (425 per 100,000 live births in 1992) and the relatively high infant mortality rate (60 per 1,000 in 1993); (b) to re-orient the thinking of programme implementors towards an approach that is demand-driven rather than target-driven; (c) to increase the current contraceptive prevalence rate of 54.7 per cent; (d) to expand the availability of contraceptive methods at health centres and to improve male participation in the family planning programme; and (e) to extend the counselling programme to all provinces. Past experience also indicates the need for improving IEC coverage in support of RH/FP by developing key messages to address new concepts, by providing further training for IEC providers at the local level, by strengthening audience-specific IEC interventions and by providing for better distribution of IEC materials.

16. UNFPA has had limited involvement in the youth sector: there is still need for further studies on adolescent reproductive health needs and for the development of IEC materials in this area. Indonesia has had ample experience in data collection and analysis and in policy formulation. UNFPA's experience confirms the achievements in these areas while indicating the need for improvement in terms of the selection of research topics and development of research institutions.

#### Other external assistance

17. USAID and the World Bank are the other two major providers of external assistance in the area of population. The World Bank's first four loans in the population sector totaled over \$107 million, while four projects in health and nutrition amounted to \$156 million. The World Bank's Fifth Population Project, scheduled to run through 1996, is financed by a \$104 million loan from the Bank and \$44.4 million from the Government. The project supports the extension of family planning services to underserved areas and attempts to reduce maternal mortality through improved and increased training of midwives. The World Bank also has under way its Third Health Project in Indonesia, through mid-1995, which supports disease control and health service delivery systems, extending the system to at-risk areas currently not covered.

18. USAID is the largest source of donor assistance in population and family planning, having provided \$250 million since 1968. The major USAID project, totaling over \$29 million including \$11.5 million in grant funds, was completed in 1990. This was followed by the Private-Sector Family Planning Project, which supports the Self-Reliant Family Planning Campaign by promoting private-sector initiatives, with particular emphasis on long-term family planning methods such as intra-uterine devices (IUDs), implants and sterilization. The project, which was implemented by the University Research Corporation, ended in December 1994. It involved the commitment of \$20 million from USAID and \$8 million from the Government and collaborating private-sector partners. In early 1994, USAID launched its Service Delivery Expansion Support Project to promote NGO and private-sector involvement in efforts to improve programme quality, promote long-term family planning methods and expand the coverage of services to isolated areas. The Pathfinder Fund has been contracted to assist in the implementation of the project, which will cost \$50 million over five years.

19. WHO, UNICEF and UNDP provide significant amounts of assistance to Indonesia in the related areas of health care and development. Indonesia also receives bilateral assistance for important health,

family planning, population, women, and Safe Motherhood projects from the Governments of Australia, Canada, Germany, Japan, Switzerland, the United Kingdom and the United States, among others.

20. Many donors and specialized agencies have expressed interest in assisting the Indonesian Government in improving the quality of care in RH/FP by supporting relevant research; improving delivery systems, medical techniques, counselling procedures and provider attitudes; and widening the range of available methods. The BKKBN has established a Quality-of-Care Working Group to facilitate the establishment of a framework for these activities, and to provide a forum for the coordination of various donor activities. The Ministry of Health also has two Quality-of-Care groups working to promote quality-assurance measures in clinics and hospitals. Many donors are also interested in supporting NGOs and the private sector. USAID has been particularly prominent in this regard and is supporting major initiatives for the promotion of long-term contraceptive methods. Through the Pathfinder Fund, USAID is implementing a major project to involve NGOs in the development of innovative activities.

#### IV. PROPOSED PROGRAMME 1995-1999

21. The proposed programme supports government efforts to achieve three main objectives, which are in consonance with the reproductive health objectives of the ICPD Programme of Action: (a) reduce maternal and infant mortality by improving the quality and coverage of reproductive health services; (b) reduce birth rates by providing quality family planning services geared towards fulfilling the individual needs of users; and (c) improve the well-being of families and individuals, in particular women, youth and the elderly. It also supports activities to combat the spread of HIV/AIDS; create awareness of the interrelationship between population variables, people's behaviour and the environment; and promote South-South cooperation.

22. The proposed programme is heavily oriented towards RH/FP activities, which account for approximately 60 per cent of programme resources. The aim is to assist the Government in its efforts to build upon the achievements of the previous country programme by broadening the scope of RH/FP services and deepening the knowledge of clients about such services, as well as improving the knowledge and skills of service providers and programme managers. The programme therefore emphasizes awareness creation and training, and recognizes the importance of making IEC activities an integral part of RH/FP activities. The programme further recognizes that gender equity and equality are essential to the success of RH/FP activities. It therefore has the attainment of such equity and equality, and the empowerment of women more generally, as a component of its strategy.

23. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) which was endorsed by the General Assembly through its resolution 49/128; that is, that human beings are at the centre of concerns for sustainable development (principle 2 of the Programme of Action); that population-related goals and policies are integral parts of cultural, economic and social development, the principal aim of which is to improve the quality of the life of all people (principle 5); that advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related

programmes (principle 4); that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (principle 8); that reproductive health-care programmes should provide the widest range of services without any form of coercion (principle 8); and that the principle of informed free choice is essential to the long-term success of family-planning programmes; that any form of coercion has no part to play; that governmental goals for family planning should be defined in terms of unmet needs for information and services; and that demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients (chap. VII, para. 12 of the Programme of Action).

### Reproductive health and family planning

24. Indonesia has been at the forefront of developing a "reproductive health care" prototype for the provision of family planning services. Research and experimental interventions supported during the fourth country programme explored the broader context of women's reproductive health care, including concern for reproductive-tract infections, the appropriate education of young people in healthy sexual behaviour, and the provision of support for prenatal care and maternal health. From this foundation, the proposed fifth country programme can make a transition to a fully fledged "reproductive health care" initiative as described in the Programme of Action of the International Conference on Population and Development (ICPD).

25. At the heart of the Government's reproductive health care programme is the use of "demand-fulfillment strategy" to manage the delivery of family planning and to generate demand for services through the steady improvement of the quality of services and the provision of information. The BKKBN is currently developing better methods of estimating demand for contraceptive services to assist in the planning of family planning logistics and training needs. In time, this demand-fulfillment framework will guide service providers to recognize both the changing contraceptive needs of people over the life cycle and the important related need for the diagnosis and treatment of reproductive-tract infections. As greater awareness of varied client needs are defined, service provision will stress the need to utilize resources more effectively through preventive care, sound health education, appropriate technologies and the effective prioritization of services.

26. In supporting the activities in the area of RH/FP, UNFPA would focus on improving the content and implementation of training in counselling for fieldworkers, village volunteers, physicians, and traditional birth attendants (TBAs). Such training would be expanded to include village midwives and would promote male participation in family planning. In an effort to ensure that services meet national standards of care, UNFPA would provide assistance in reviewing and, where necessary, in updating national clinical training standards. Particular attention would be given to practical training. These efforts would extend to the development of the curricula for the programme of Continued Medical Education.

27. It should be noted that many of the strategic needs in reproductive health care are currently being actively pursued through programmes of the Ministry of Health and the BKKBN and are being supported by other major donors such as the World Bank, Asian Development Bank (ADB) and USAID. In this rapidly evolving environment, UNFPA would work in close partnership with the Government to identify

unmet programmatic needs. UNFPA would also assist the Government in developing human resources through training in programme management and in ways to measure the quality of services being provided.

28. The shift from a target-driven system to an approach based on the concept of demand fulfillment is a major change in the design and management of the National Family Planning Movement. In essence, this is a recognition of the growing importance of voluntary acceptance of contraceptive methods, not only to ensure the proper use of methods, but also to ensure more sustainable contraceptive use under an increasingly self-reliant (i.e., self-funded) approach to the family planning programme. Training, with UNFPA assistance, is needed to create awareness among local government officials and clinical and non-clinical family planning workers of the advantages of a demand-fulfillment approach and to develop "client-oriented" approaches to the provision of services and information.

29. One goal of the proposed programme is to strengthen service delivery systems for reproductive health among the poor living in urban areas. This will take the form of empowering disadvantaged groups to become self-reliant and will be connected with poverty-alleviation activities. UNFPA would assist community institutions and NGOs to enable them to contribute more to the RH/FP activities and also to become self-reliant in generating services within the community.

30. IEC in support of RH/FP activities. The proposed programme aims to integrate IEC activities into the broader area of RH/FP. In the last five years, there has been increasing decentralization of IEC activities to the provincial level especially in developing and producing materials and in developing training programmes in counselling techniques. This support for decentralization is designed to increase the capabilities of provincial programme managers to develop more scientific, research-based and audience-segmented communication programmes that take into account the cultural diversity of the country.

31. For the next five years, the Ministry of Population has set priorities for its IEC programme that includes ensuring greater conformity of all development messages; promoting the country's "Prosperous Family" campaign; strengthening audience-specific IEC interventions; improving the capabilities of IEC personnel; making greater use of the country's Development Broadcasting Unit System; and improving IEC facilities. UNFPA would support a thorough evaluation of the current IEC programme. Based on this evaluation, UNFPA would provide assistance to develop key messages for specific audiences and for the media through which these messages would be delivered. The selection of the key messages would take into account gender, site (urban/rural, remote areas, working places, etc.) and age. Key messages would deal with such issues as family size, maternal health, adolescent reproductive health, HIV/AIDS, and the link between population and the environment.

32. UNFPA would support the Government in developing its own innovative capabilities in the field of IEC by creating a critical mass of national expertise. This would be achieved by providing fellowships for provincial-level personnel who are responsible for developing target-specific IEC programmes as well as for training provincial managers in management skills. Provincial IEC officers would be encouraged to develop innovative ways of sustaining their IEC activities through the use of community resources, local expertise and local networking.

33. HIV/AIDS. Indonesia is rapidly developing a national strategy and plan of action to help slow the spread of HIV/AIDS and to assist in the humane treatment of those infected with HIV/AIDS. A family-centred strategy to combat HIV/AIDS will be particularly important for two reasons. First, in terms of prevention, the family is the focal point for reproductive health education and the ideal environment for teaching and encouraging responsible sexual behaviour. Secondly, many people with AIDS will return to their families for care, solace and acceptance.

34. UNFPA would cooperate with the Government and other agencies in developing models to assist public education and training programmes directed towards families. This approach should take note of the fact that the numbers of AIDS sufferers returning to families in rural villages and urban slums will grow exponentially over the next few decades as a result of the growth of HIV infection, which is currently estimated to be in excess of 50,000 people and to be doubling annually. Given the magnitude of the problem, UNFPA contributions would be designed to provide models for ongoing implementation by Government and other donors.

35. Related data collection and analysis and research. The proposed programme gives priority to the development of data systems in support of the Indonesian population programme. In order to better promote data collection and analysis activities, UNFPA would support the Government's efforts to improve and extend national data systems on reproductive health and women. Specific activities would include assistance to develop a Programme Monitoring Indicators System within the BKKBN to assist in the routine analysis of service statistics; to analyse the data set dealing with indicators of "Family Prosperity"; and to implement a viable, intersectoral vital registration system and to analyse its effectiveness. UNFPA would collaborate with the Government in developing initiatives to improve the collection and analysis of national data on the status and roles of women and the changing characteristics of youth and the elderly.

36. Under the proposed programme, \$15 million would be allocated from UNFPA's regular resources for activities in the field of reproductive health and family planning, including related IEC and data collection and analysis activities. An additional \$3 million would be sought from other sources, including multi-bilateral sources.

#### Women, population and development

37. Although much progress has been made in Indonesia in improving women's social, economic and political status, major challenges remain in making women equal partners with men in the development process. In line with the ICPD Programme of Action, the main objective of the proposed strategy in this area is to facilitate the attainment of gender equality and equity and to empower women so as to enable them to realize their full potential and their legal and social rights. In the field of education, girls, especially those in poor families, have fewer opportunities for formal education. Females constitute 38 per cent of the total labour force, but in general work in low-status occupations in the formal sector or work in the informal sector. Compared to men, they are disadvantaged in terms of wages, working conditions and career prospects. The proportion of women in government service is relatively small and even smaller in the upper echelons. As a result, women's role in political and programmatic decision-making processes is disproportionately small, including on issues concerning their roles as wives and mothers.

38. In order to effectively promote programmes that advance the status of women, UNFPA would assist the Government in providing technical support for training, research and IEC activities on gender issues in the context of the family. The Fund would also support efforts to improve the collection and analysis of data on the roles, status and activities of women in Indonesia. This would require strengthening university-based women's studies centres and family studies centres in order to assist them in developing research agendas, implementing problem-focused research, and providing data and making recommendations to policy makers. Such research would support the Government's efforts to improve women's knowledge, skills and roles in the context of family development and poverty alleviation.

39. UNFPA would assist the Government and women's NGOs in promoting the empowerment of women and in translating understandings of gender equity and equality into concrete actions. In line with the Government's policy requiring nine years of compulsory education, UNFPA would support government efforts to keep girls in school until they are 15 years old and to train them to be better equipped for employment. Careful research and analysis are also required to determine the impact of past income-generating activities on the economic and social status of the women involved. UNFPA proposes a total of \$3 million for women, population and development activities.

#### Youth

40. The economic and social changes that Indonesia is undergoing are having a significant impact on the country's youth. Delay in the age at first marriage, the increase in urban migration, the rise in numbers of young women and men living apart from their families, and the influence of the media are among the factors believed to contribute to the increased likelihood of premarital sexual activity, which in turn can contribute to a rising incidence of extranuptial pregnancies and the demand for abortion.

41. In view of the sensitivity of these issues and the complexity of the necessary interventions, UNFPA would help the Government in conducting further in-depth investigations of adolescent reproductive health and behaviour in various locations, including the 12 cities where surveys were conducted during the previous UNFPA country programme. These assessments would include focus-group discussions and in-depth interviews with parents, teachers, community leaders, youth groups, youth leaders and health-care providers. This would lead to the elaboration of strategies to develop IEC materials on reproductive health care to be used by youth themselves. It would also direct efforts at guiding parents, teachers and religious leaders, and others to whom youth refer for guidance and information. A major part of these efforts would be the promotion of a deeper awareness of the realities of adolescent life among policy makers and community leaders who may have little daily contact with young people.

42. UNFPA would also assist the Government in expanding peer-group discussions and counselling services for adolescents and parents under the Family and Community Programme for Adolescents working through community groups and NGOs. As the in-depth needs of youth are revealed through these studies, interventions would be developed to take account of regional, rural-urban, ethnic and gender variations and to address these needs through the family-based approach.

43. UNFPA would provide assistance for reconceptualizing population education in order to address emerging areas of particular concern to youth such as gender issues, the status and role of women, ageing, STDs/HIV/AIDS, family-centered development, reproductive health and family well-being.

44. UNFPA would provide \$2 million from its regular resources for youth activities and would seek to provide an additional \$1 million from other sources, including multi-bilateral sources.

#### Elderly

45. In view of the rapid reduction of fertility, it is clear that Indonesia will face an accelerated growth in the numbers and proportion of the population who are over the age of 60. There is a strong antipathy in Indonesia to the concept of old-age homes where elderly persons are concentrated, isolated from other members of society, and dependent on commercial or charity organizations for help with daily living. Most Indonesians believe it preferable to rely on strong support from the family in caring for the elderly.

46. UNFPA would assist in developing model programmes to educate and support families in the methods of care of seriously disabled people, including the establishment of formal back-up services attached to health centres and hospitals, as a first step in designing effective family-based programmes of care for elderly or chronically ill people. While the family may remain the first line of care, there is also a need to strengthen the existing Family and Community Association for the Elderly based on the assessment of the current role and activities of this and similar associations. Locally-funded support services, including home-nursing and day-care facilities, could be expanded to assist families in caring for incapacitated elderly members, particularly in urban areas. The major purpose of UNFPA assistance would be to help the Government to experiment with models that might form the basis for addressing the needs of the elderly into the next century. The proposed programme would therefore also seek to enhance people's understanding that the elderly can still contribute positively to society and enrich many aspects of life. UNFPA would provide \$1 million from its regular resources for these activities and would seek an additional \$1 million from other sources, including multi-bilateral sources.

#### Environment

47. There is still a dichotomy of views in Indonesia on environmental issues. Environmentalists see current trends in both population and economic growth as posing grave threats to the environment and demanding decisive regulatory action. Economic rationalists envisage that market forces will reflect scarcities through pricing systems that will trigger technological developments that will take care of current environmental problems. These views are not mutually exclusive, and efforts at reaching a consensus need to be made so that collaborative actions can be implemented in support of successful development activities.

48. The Ministry of Education and Culture, private foundations and NGOs have developed integrated curricula and materials to educate children in schools as well as youth and adults through the non-formal education sector. However, there is inadequate understanding of environmental issues among policy makers, industrialists and the public. UNFPA would assist the Government in developing IEC materials and activities to help bring about a better understanding among policy makers, programme implementors,

the general public, youth and children of the reciprocal relationships between population variables (e.g., size, distribution and movement), people's behaviour and the environment. UNFPA would provide \$1 million from its regular resources for these activities.

#### South-South cooperation

49. Indonesian population programmes have been very successful in mobilizing resources, developing institutions and maintaining momentum in extending health and family planning services throughout a large and heterogeneous archipelago, covering people from a wide variety of social, religious, ethnic and cultural backgrounds. Planners, professionals and community leaders from around the world are interested in studying these successes and engaging in dialogue over the remaining challenges facing the Indonesian programme. The Government has indicated its interest in sharing its experiences in the area of population and development with other developing nations. Indonesia, in its capacity as Chair of the Non-Aligned Movement, has in fact played a leading role in promoting South-South cooperation in the population field. Other developing nations have responded positively to Indonesia's approach.

50. The Indonesian population programme has much experience to share with the world in terms of community participation, political commitment, IEC approaches, training of fieldworkers, and private-sector involvement and the social marketing of contraceptives. The International Training Programme of the BKKBN has been running for seven years, hosting groups of family planning officials, policy makers and community workers from many developing and developed countries. Interest in these activities has been growing steadily. In addition to UNFPA, others such as the World Bank, Australia, France, Japan, the Netherlands, USAID and the Rockefeller Foundation have made financial commitments to support South-South training activities.

51. A "South-South Initiative", consisting of 10 developing countries, including Indonesia, with the support of several donor agencies, has been recently developing the foundations for a "Partnership in Population and Development" programme. Support for this initiative is provided through the UNFPA intercountry programme. Under the proposed programme, UNFPA assistance would be aimed at further strengthening the country's technical-exchange capabilities by improving the skills of the Indonesian experts who are providing technical assistance to population-related activities overseas. This support would take into account the activities of the UNFPA intercountry programme in order to avoid overlap. Under the proposed programme, UNFPA proposes to provide \$1 million from its regular resources to assist Indonesia in the development of South-South cooperation activities.

#### Programme reserve

52. An amount of \$2 million has been set aside in reserve primarily to provide assistance to NGOs participating in the implementation of the programme. NGOs have been active in promoting the national population programme, and several NGOs support a large network of health-care facilities. UNFPA will seek to expand family planning services through supporting NGOs, which have proven very effective in working at the community level and in responding quickly to local needs. The Fund will also promote quality of care by extending in-service training in RH/FP and related activities to staff of well-established non-governmental organizations. In addition, UNFPA would provide support to NGOs to help strengthen

their capacity to implement programme activities and to complement national efforts in the core areas of the programme.

#### Programme implementation and coordination

53. In implementing the proposed programme, UNFPA will cooperate closely with relevant government agencies and with NGOs, a number of which have been active partners in the national population programme and have received government funding support in carrying out their activities. The programming process of UNFPA has been designed to allow for full coordination with all United Nations agencies and bilateral donors. UNFPA, along with other United Nations agencies, is currently assisting the Government in the formulation of a country strategy note that will set out the priorities for United Nations system assistance to Indonesia. Together with UNDP, UNFPA would support government priorities in human resource development and poverty alleviation by improving the quality and widening the coverage of family planning and health services. UNFPA support to improve data collection and analysis would complement UNDP's assistance for the country's regular Social and Economic Survey.

54. In the area of reproductive health care, the UNFPA would work together with WHO and UNICEF to support government efforts to reduce maternal mortality and to improve systems of monitoring in RH/FP activities. UNFPA would work closely with the Government and UNESCO to develop IEC materials that will contribute to a better understanding of the relationship between population and the carrying capacities of the environment as well as to broad issues related to population education both within and outside the school system. UNFPA would also work with other organizations providing external assistance in supporting programmes in the framework of South-South cooperation.

#### Programme management, monitoring and evaluation

55. The implementing agencies are responsible for the management and internal monitoring of their respective programme activities. Periodic joint monitoring visits by implementing agencies and UNFPA staff would be undertaken to observe and discuss progress and problems. Standard UNFPA monitoring and evaluation instruments would be used, including the project management plan and the annual project report, both of which are reviewed at annual review meetings, as well as the final project report. The programme would also be subject to a mid-term review.

#### Financial statement

56. As indicated in paragraph 1, UNFPA would provide assistance to Indonesia in the amount of \$30 million over the five-year period 1995-1999, of which \$25 million would be programmed from UNFPA's regular resources. The following table shows how the programme would accommodate these two levels of funding:

|                                         | <u>UNFPA<br/>regular<br/>resources</u> | <u>Other<br/>external<br/>resources</u> | <u>Total</u>     |
|-----------------------------------------|----------------------------------------|-----------------------------------------|------------------|
| Reproductive health and family planning | 15,000,000                             | 3,000,000                               | 18,000,000       |
| Women, population and development       | 3,000,000                              | --                                      | 3,000,000        |
| Youth                                   | 2,000,000                              | 1,000,000                               | 3,000,000        |
| Elderly                                 | 1,000,000                              | 1,000,000                               | 2,000,000        |
| Population and environment              | 1,000,000                              | --                                      | 1,000,000        |
| South-South cooperation                 | 1,000,000                              | --                                      | 1,000,000        |
| Programme reserve                       | <u>2,000,000</u>                       | <u>--</u>                               | <u>2,000,000</u> |
| Total                                   | 25,000,000                             | 5,000,000                               | 30,000,000       |

## V. RECOMMENDATION

57. The Executive Director recommends that the Executive Board approve the programme for Indonesia as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

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**Executive Board  
of the  
United Nations  
Development Programme  
and of the  
United Nations  
Population Fund**

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**UNITED NATIONS POPULATION FUND  
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director  
Assistance to the Government of Turkey  
Support for a population programme

|                                                   |                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Proposed UNFPA assistance:                        | \$7 million, of which \$6 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of \$1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. |
| Estimated value of the Government's contribution: | \$30 million                                                                                                                                                                                                                                                                                                          |
| Duration:                                         | 5 years                                                                                                                                                                                                                                                                                                               |
| Estimated starting date:                          | January 1995                                                                                                                                                                                                                                                                                                          |
| Executing agencies:                               | Government of Turkey<br>United Nations and United Nations agencies and organizations<br>National and international non-governmental organizations (NGOs)                                                                                                                                                              |
| Government coordinating agency:                   | Ministry of Foreign Affairs<br>State Planning Organization                                                                                                                                                                                                                                                            |

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Turkey

Demographic facts

|                                 |        |                                         |       |
|---------------------------------|--------|-----------------------------------------|-------|
| Population (000)                |        | Average annual change (000)             |       |
| Total                           | 61,945 | Population increase                     | 1161  |
| Males                           | 31,690 | Births                                  | 1596  |
| Females                         | 30,255 | Deaths                                  | 435   |
| Sex ratio (/100 females)        | 104.7  | Net migration                           | 0     |
| Urban                           | 42,598 | Annual population total (% growth)      | 1.79  |
| Rural                           | 19,347 | Urban                                   | 3.48  |
| Per cent urban                  | 74.8   | Rural                                   | -2.53 |
| Population in year 2000 (000)   | 67,746 | Crude birth rate (/1000)                | 24.6  |
| Functional age groups (%)       |        | Crude death rate (/1000)                | 6.7   |
| Young child: 0-4                | 12.1   | Net migration rate (/1000)              | 0.0   |
| Child: 5-14                     | 21.8   | Total fertility rate (/woman)           | 3.04  |
| Youth: 15-24                    | 18.8   | Contraceptive prevalence rate (% 15-44) | 51    |
| Elderly: 60+                    | 7.9    | Gross reproduction rate (/woman)        | 1.48  |
| 65+                             | 5.0    | Net reproduction rate (/woman)          | 1.38  |
| Percentage of women aged 15-49  | 51.0   | Infant mortality rate (/1000)           | 52    |
| Median age (years)              | 23.6   | Maternal mortality rate (/100,000)      | --    |
| Dependency ratios: total        | 63.7   | Life expectancy at birth (years)        |       |
| (/100) Aged 0-14                | 55.5   | Males                                   | 66.5  |
| Aged 65+                        | 8.2    | Females                                 | 70.7  |
| Agricultural population density |        | Both sexes                              | 68.5  |
| (/hectare of arable land)       | 0.9    | GNP per capita (U.S. dollars, 1992)     | 1,980 |
| Population density (/sq. km.)   | 79     |                                         |       |

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1994. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1994 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects: The 1994 Revision and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.W.8). Two dots (..) indicate that data are not available.

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## I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a programme of assistance in the amount of \$7 million, of which \$6 million would be programmed from UNFPA's regular resources, over a five-year period starting January 1995, to assist the Government of Turkey in achieving its population and development objectives. UNFPA would seek to provide the balance of \$1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The beginning of the proposed programme, the second UNFPA-funded country programme in Turkey, would be synchronized with the start of the fifth UNDP country programme in Turkey. It had been planned that the programme would also coincide with the seventh Five-Year National Development Plan, but in September 1994 the Government decided to delay the beginning of the new plan until 1996 and to extend the ongoing plan through 1995.

2. The proposed programme is based on the population policies of Turkey and the findings and recommendations of the Programme Review and Strategy Development (PRSD) mission that visited the country in May/June 1994. It takes into account the extent of external assistance that is likely to be forthcoming from other donors such as the United States Agency for International Development (USAID). Extensive discussions took place with representatives of different government institutions involved in planning priorities and strategies in the field of population, as well as with NGOs active in population activities. The proposed programme has been designed to fit within the Government's overall population policies and its priorities as set forth in the Country Strategy Note and in the national report submitted to the International Conference on Population and Development (ICPD). It is thus intended to complement and supplement the Government's population activities.

3. The overall objective of the proposed programme is to assist the Turkish Government in achieving a population structure and rate of increase that are compatible with its targets of social development and sustained economic growth. The programme would provide assistance to: (a) extend the access to quality reproductive health and family planning (RH/FP) services to underserved peri-urban and rural populations; (b) improve the management and evaluation of reproductive health-care programmes; and (c) promote and improve policy-oriented research and information, education and communication (IEC) activities related to reproductive health.

4. Turkey is at a crucial stage in its demographic history. Overall population growth rates have been declining, and the rate is expected to reach replacement level by the year 2005. However, this overall trend hides a great deal of variation. Regionally, both fertility and mortality rates are much higher in the less-developed east and south-eastern parts of the country. Socially, higher levels of these two indicators are also experienced in the fast-growing areas around the major cities, which are fueled by a high degree of internal migration and are characterized by marginal living standards. The proposed UNFPA programme would therefore concentrate its activities in these two areas.

5. There appears to be a large, unmet need for modern contraception in Turkey. This is indicated by the rising number of legal abortions and by surveys that show that a large number of couples wish to limit the size of their families. While knowledge of modern contraceptive methods is almost universal, only 35 per cent of married women of reproductive age rely on modern methods; the rest do without

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contraception or use traditional methods. One of the main goals of the proposed programme therefore is to use IEC campaigns to increase the number of couples who rely on modern, safe and effective contraception. During the period of the proposed programme, Turkey is expected to phase out international assistance in meeting its needs for the supply of contraceptives, and the proposed programme is designed to aid in that transition.

## II. BACKGROUND

6. Demographic trends. According to the 1993 Turkish Demographic and Health Survey,<sup>1</sup> the total population of Turkey was estimated at 60.6 million in mid-1994, up from 56.4 million in 1990. The annual population growth rate is estimated at an average of 1.8 per cent during the period 1990-1995 and has been declining. The total fertility rate is estimated at 2.7 births per woman and is expected to reach replacement level in the year 2005. However, the population is projected to grow until well into the next century, reaching 88 million in the year 2025, as a result of the momentum created by previous higher fertility levels and the gradual decline of mortality. The age structure of the population, although still relatively young, is gradually shifting towards middle and older ages. In 1990, about 41 per cent of the population lived in the Marmara, Aegean and Mediterranean regions, and this proportion is increasing, while other parts of the country, such as the Black Sea region, the east and the south-east, are showing a decline in their share of the population.

7. The urbanization process significantly accelerated during the 1980s, which increased the demographic imbalance between the regions. Well over 60 per cent of the population presently live in urban areas, and this is expected to reach 75 per cent in the year 2000. The high urbanization rate, currently increasing at 3.48 per cent a year, has been accompanied by the establishment of "gecekond", peri-urban squatter areas, around the major cities. The explosive growth of the large cities is a major challenge for municipalities as well as for the central Government.

8. Turkey's infant mortality rate is still relatively high at 53 per 1,000 live births and is inconsistent with the overall demographic and socio-economic situation of the country. The Programme of Action adopted at the International Conference on Population and Development calls for a one-third decrease in infant mortality by the year 2000, which would imply a level of 35 per 1,000 live births in the case of Turkey. No recent figures on maternal mortality exist, but the Turkish Demographic Survey of 1989 estimated 132 maternal deaths per 100,000 live births in 1981. The Programme of Action calls for a 50 per cent reduction in maternal mortality by the year 2000 from the level in 1990.

9. Social, health and economic indicators. The Government estimates the per capita gross national product (GNP) at \$2,883 in 1993. After rapid economic growth in the 1980s, the country is now experiencing economic difficulties. Inflation and unemployment are high, and the Government drastically cut public spending through austerity measures that were introduced in April 1994.

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<sup>1</sup> The demographic and health data provided in the background section of this report are from the 1993 Turkish Demographic and Health Survey unless otherwise noted. These data may differ from the United Nations data given in the demographic fact sheet on page 2 of this report.

10. In spite of a solid legal foundation for the equality of the sexes, women still lag behind men in literacy, education, and employment. The enrolment rate for girls, according to the Ministry of Education, is 100 per cent at the primary-school level (age 7-11), but drops to 51.8 per cent at the secondary-school level (age 12-14), 36.6 per cent at the high-school level (age 15-18) and 17 per cent at the university level (age 18-21). Average schooling is significantly higher for males (7.1 years) than for females (4.0 years). Over 70 per cent of the women who are economically active work in the agricultural sector. Of the women in urban areas, only 16 per cent have a paid job.

11. The Turkish health-care system is heavily weighted towards curative care. Based on the distribution of hospital beds, the Ministry of Health provides health services for about 52 per cent of the population; the Social Security Organization of the Ministry of Labour serves 16 per cent of the population; university hospitals, 13 per cent; and the Ministry of Defense, 11 per cent. Apart from hospitals, the Ministry of Health network consists of health houses, health centres, and maternal and child health and family planning (MCH/FP) centres in urban areas. The Social Security Organization has recently started to provide family planning services in its clinics. About 55 per cent of family planning services are provided by the public sector.

12. Family planning rests on a strong legal basis in Turkey. New contraceptive methods (injectables and implants) were approved for distribution and use in 1993. Currently, 63 per cent of married women of reproductive age use either a modern or traditional contraceptive method. Some 35 per cent of married women of reproductive age (or 56 per cent of all contraceptive users) use modern methods, while 28 per cent rely on traditional methods, particularly withdrawal (26 per cent). The intra-uterine device (IUD) is the most popular modern method (19 per cent of married women of reproductive age), followed by condoms (7 per cent) and oral contraceptives (5 per cent). Knowledge of the existence of modern contraception is almost universal. Surveys indicate that two-thirds of married women do not want any additional children. Abortion is legal in Turkey up to 10 weeks of pregnancy, and it is estimated that at least a quarter of all pregnancies are interrupted.

13. There are large disparities in the socio-economic development of different regions of Turkey. The highest rate of mortality (infant mortality at 60.0 per 1,000 live births) and fertility (4.4 births per woman) and the lowest contraceptive prevalence (42 per cent of married women of reproductive age, of which less than two-thirds use modern methods) are found in the eastern region, which is the least socially and economically developed part of the country. Although few disaggregated demographic data are available, it is believed that the socio-economic situation of the population of the marginal gecekondus is worse than the national average.

14. Institutional arrangements. Integrating population issues and variables into the country's five-year national development plans is the responsibility of the State Planning Organization. Currently, various elements of the population policy are sector-driven and implicitly integrated within socio-economic development plans. By law, the Ministry of Health is responsible for the implementation, coordination and monitoring of population activities, which are considered to be synonymous with family planning. The General Directorate of MCH/FP of the Ministry of Health is in charge of establishing norms and coordinating services. The Population Planning Advisory Board is chaired by the Minister of Health and serves as a forum for the exchange of information. The overall responsibility for the coordination of

technical assistance lies with the Ministry of Foreign Affairs and the State Planning Organization. As part of the effort to fully integrate women into all phases of the development process, a State Ministry for Women's Affairs and Social Services was established in 1991.

### III. LESSONS LEARNED

15 UNFPA has supported population activities in Turkey since 1974. Initially, this assistance was provided on a project-by-project basis. The first comprehensive country programme of UNFPA assistance to Turkey was approved in 1988 in the amount of \$5 million for the period 1988-1992. This programme was extended through 1994 in order to synchronize the proposed second programme with UNDP's programme cycle.

16. The long-term objective of the first country programme was to contribute to the Government's goal of balancing the population growth rate with the rate of economic and social development. The focus was on MCH/FP and on related IEC activities. The immediate objectives were: (a) to improve the quality of family planning services by increasing the number of trained personnel, upgrading equipment and providing supplies; (b) to increase the number of informed and motivated family planning acceptors from 18 to 25 per cent; (c) to contribute to the increased participation of women in the development process; and (d) to increase the country's institutional capacity to undertake population policy research and analysis. Considerable progress has been made in all of these areas since 1988 although delineating the exact contribution of UNFPA's programme is difficult.

17. In fact, the pace of implementation of the programme was slow, especially in the beginning. Actual implementation of the first approved project only started towards the end of 1989. It was only after the programme was extended for two years that the total approved amount was programmed. The main reasons for the low implementation rate (an average of 53 per cent per year) were: (a) the broad geographic range of project activities, which, in combination with inclement weather and security constraints, complicated the supervision of activities; (b) the reliance on one main national counterpart organization, the General Directorate of MCH/FP in the Ministry of Health; (c) the high turnover rate of staff, at all levels, in the Ministry of Health; and (d) unforeseen circumstances, such as the mobilization of the health sector for emergency service during the war in the Persian Gulf and the consequent influx of refugees from neighbouring countries.

18. UNFPA assistance in the area of MCH/FP was concentrated mainly in the provinces identified by the Government as being first and second priorities. The past programme also included provision of services to specific target groups such as migrant workers, agricultural workers and rural migrants settling in peri-urban areas. Sensitization of governors, district commissioners and religious leaders was key to the successful implementation of the activities. Since it has proven difficult for the health-care system to keep up with rapid urbanization and to adequately cover the marginal peri-urban areas that ring the major cities, UNFPA recently extended its support to these areas as well. An innovative approach is being followed whereby the Ministry of Health closely cooperates with NGOs for the implementation of community-based programmes in peri-urban areas of two metropolises.

19. The in-service training capacity of the General Directorate of MCH/FP was strengthened under the programme. Core training teams were established to train provincial training teams, which, in turn, trained the service providers in centres equipped by UNFPA. This approach, which was established and institutionalized through the UNFPA country programme, now serves as a model for training programmes in the second health project financed by a World Bank loan. The training goals under the first country programme have been significantly exceeded.

20. The only IEC project that had been approved during the first programme period was an intersectoral initiative in support of the family planning programme involving line ministries, broadcasting agencies and NGOs. As a part of project activities, the Population Planning Advisory Board, which had been inactive since the time it was established in 1983, was revitalized. Through cooperation with the Japan International Cooperation Agency (JICA), promotional television spots and short films were produced. A source book on population issues, a guidebook for service providers, a flip chart and other training materials were also created, some of which were requested by WHO for use in Albania. The implementation of this project was hampered by its geographic spread as well as by weather and security factors. One of the lessons learned is that the service providers trained in interpersonal communication and counselling skills should be closely monitored to see how they make use of their training.

21. The programme provided assistance for a study of the factors affecting population policies. The results of the study were presented at a successful workshop addressed by the President of the Republic. This study was an important step towards sensitizing politicians and decision makers about population issues and their interrelationships with other development factors. The programme also supported a demographic survey of ethnic Turks from Bulgaria and a training programme on economic demography for an official from the State Planning Organization.

#### Other external assistance

22. UNICEF's programme for the period 1991-1995 covers the areas of primary health care, basic education, maternal and child health in priority provinces and primary health-care services for children in peri-urban gecekodu areas. UNICEF supports a Safe Motherhood project, implemented by the General Directorate of MCH/FP, that includes four provinces not covered by the UNFPA-supported programme.

23. The main external donor in the area of family planning is USAID, which provides assistance, through nine cooperating agencies, to the Government, NGOs and the private sector. Currently, USAID supplies 85-90 per cent of the contraceptives required by the public sector, providing an average of \$1.5 million a year over the last five years for this purpose. USAID plans to phase out its assistance for contraceptive supplies by 1998. USAID was also the main supporter of the demographic and health survey that the Government carried out in 1993.

24. The European Union has provided limited support for family planning activities carried out by NGOs since 1992. JICA financed the establishment of a state-of-the-art media communications centre in 1988 for the production of population education materials. Short television films and announcements dealing with male involvement in family planning were financed by UNFPA and produced by this centre.

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Two additional JICA-supported media communications centres are expected to become operational in the near future.

#### IV. PROPOSED PROGRAMME 1995-1999

25. The proposed country programme aims to assist the Turkish Government in developing the national capacity to carry out the country's population policies and priorities and to achieve sustainable development. The overall goal of the programme is to improve the reproductive health of the Turkish people and to reduce maternal and child mortality through an expansion of reproductive health care and family planning services to underserved populations in peri-urban settlements and in rural priority areas in the east and south-east of the country. The programme also aims to improve the management and evaluation of reproductive health-care programmes and to improve policy-oriented research and IEC activities related to reproductive health. The programme seeks to convert the existing, almost universal, awareness of modern contraceptive methods into motivation to use them. It would also promote the fullest possible access to and use and dissemination of existing policy-oriented research data as well as the collection of data about areas and populations on which data are incomplete. NGOs will be encouraged to be involved in all stages of programme development and implementation so as to maximize coordination and cooperation between government agencies and non-governmental organizations.

26. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) which was endorsed by the General Assembly through its resolution 49/128; that is, that human beings are at the centre of concerns for sustainable development (principle 2 of the Programme of Action); that population-related goals and policies are integral parts of cultural, economic and social development, the principal aim of which is to improve the quality of the life of all people (principle 5); that advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes (principle 4); that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (principle 8); that reproductive health-care programmes should provide the widest range of services without any form of coercion (principle 8); and that the principle of informed free choice is essential to the long-term success of family-planning programmes; that any form of coercion has no part to play; that governmental goals for family planning should be defined in terms of unmet needs for information and services; and that demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients (chap. VII, para. 12 of the Programme of Action).

#### Reproductive health and family planning

27. The focus of the proposed programme is on reproductive health and related IEC activities. A principal aim of the activities in this area would be to translate the near-universal awareness of contraceptive methods into greater use of such methods. This would require, among other things, conducting pertinent sociocultural research, expanding the mix of contraceptive methods, strengthening

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training of service providers in counselling techniques, and developing innovative approaches to reproductive health service delivery, in particular by making use of the outreach capabilities of NGOs at the community level.

28. At this point in the development of Turkey's reproductive health-care services, the improvement of the quality of care should be a priority, especially in underserved peri-urban settlements and in priority provinces in the eastern and south-eastern part of the country. Care will be taken not to spread activities and resources over too broad a geographic area.

29. The Government's national health policy aims, by the year 2000: (a) to reduce infant mortality by one-third, and maternal mortality by half; (b) to ensure that all deliveries are carried out under safe conditions; (c) to increase the use of modern contraceptive methods to 70 per cent of couples who use contraception from the current level of 56 per cent; and (d) to decrease by 75 per cent current disparities among regions in the provision of health services and in health indicators. The programme implications of these goals have not been specified, but the National Plan of Action on Women's Health, Safe Motherhood and Family Planning, which is currently being prepared, is expected to clarify how these goals can be achieved. The proposed programme of assistance aims to assist the Government in its efforts to define and achieve the targets set in the national health policy.

30. In view of the high proportion of couples who do not wish to have additional children, the programme would aim to add new methods of contraception to those currently available as a way of increasing reliance on modern, effective methods. Special attention would be given to the introduction of implants and injectables. Attention would also be given to improving the integration of reproductive health concerns other than family planning into the services provided, such as counselling on and diagnosis and treatment of sexually transmitted diseases (STDs) including HIV/AIDS. The programme would support operational research on ways of improving the access that people have to reproductive health-care services and of encouraging their use.

31. The programme management capacity at the central level of the Ministry of Health and at the provincial level would be strengthened through training seminars and workshops. The continued need to train service providers in order to improve the quality of reproductive health care would be at the core of the proposed programme. This would include efforts to upgrade health facilities to include RH/FP services and to improve the quality of prenatal and post-natal care, as well as of deliveries. Special attention would be given to such important areas as breastfeeding, infant and women's health care, prevention and appropriate treatment of infertility, and counselling for post-partum and post-abortion contraception.

32. The programme would support initiatives taken by the Ministry of Health, including its efforts to train reproductive health service providers; reduce the rate of turnover of health personnel, especially at the local level; and mitigate the consequences of such turnover, which is a major impediment to the continuity and quality of reproductive health and family planning services.

33. In order to improve the coordination of reproductive health activities, as well as of closely associated activities in other sectors, the programme would contribute to the strengthening of the Population Planning Advisory Board. UNFPA would support NGOs in developing innovative approaches

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to reproductive health service delivery and to IEC activities in support of such services; in strengthening their capacity to manage RH/FP activities; and in encouraging collaboration between NGOs and the General Directorate of MCH/FP through joint programmes. The proposed programme would also promote and support outreach activities from fixed service-delivery points, building on the experiences being gained through different models for community-based distribution. The programme would also support NGOs in providing information, education and counselling to adolescents on human sexuality, reproductive health and responsible parenthood.

34. Under the proposed programme, UNFPA would provide a total of \$3.6 million for activities in the area of reproductive health including family planning. Of this amount, \$400,000 would be sought from other sources, including multi-bilateral sources.

#### Information, education and communication

35. The proposed programme includes support for the General Directorate of MCH/FP to develop, publish and disseminate IEC materials, for use by both providers and users, on specific contraceptive methods, as well as to produce research-based and client-oriented television spots and other media activities that respond to the family planning information needs of various audiences. As a matter of priority, UNFPA assistance would focus on reproducing existing IEC materials and disseminating them throughout the reproductive health-care system. Special attention would also be given to developing counselling programmes and providing services addressed to men to enable them to share responsibilities in family planning and to understand their role in preventing sexually transmitted diseases. A primary aim of these efforts would be to expand the use modern contraception. The programme would make use of the outreach capabilities of NGOs to implement these activities.

36. UNFPA would provide assistance to the Ministry of Education to develop an integrated approach to reproductive health education for youth in both the formal and non-formal sectors, as well as to produce the required materials.

37. UNFPA proposes to provide \$1,850,000 to this sector, of which \$500,000 would be sought from other sources, including multi-bilateral sources.

#### Data collection and analysis

38. The proposed programme would promote the fullest possible access to and dissemination and use of existing data in all its activities. It would support policy-oriented research and in-depth demographic analyses on such issues as the determinants and consequences of fertility and mortality as well as the effects of rapid urbanization on socio-economic variables and regional disparities, with specific attention to fast-growing peri-urban settlements. UNFPA would also provide assistance to help the country strengthen its capacity to analyse demographic data and to conduct demographic research. In addition, the programme would seek to strengthen training institutions, such as the Hacetepe Institute for Population Studies, in the areas of demographic training and population studies. Specifically, the programme would support the introduction at such institutions of short, "custom-tailored" training courses that are designed for staff from the sectoral ministries and the State Planning Organization in order to

enhance their capacity to integrate population data into development planning and to implement population and development programmes. UNFPA would provide a total of \$450,000 for activities in the field of data collection and analysis, of which \$100,000 would be sought from other sources, including multi-bilateral sources.

#### Population policy formulation

39. The proposed programme would support ongoing activities related to the development of a National Population Plan of Action. This activity would be linked with the activities designed to build awareness of population issues and to strengthen the commitment among the country's political leadership to address such issues. The proposed programme would provide support to establish a referral and documentation unit on such interrelated topics as reproductive health care; women, population and development; and population and the environment. The primary function of this unit would be to keep parliamentarians and other policy makers informed on these issues through the dissemination of technical papers, population policy documents and other materials. The unit would work closely with NGOs active in this area. UNFPA would provide a total of \$100,000 for activities in the area of population policy formulation.

#### Women, population and development

40. The proposed programme would seek to strengthen different organizations and NGOs dealing with women's issues and gender concerns in Turkey. This would include support for research activities related to the role and status of women to be carried out by various universities, other training institutions and women's NGOs. The programme would also complement the activities undertaken by UNDP in the area of women-in-development by integrating a population dimension into these activities and by supporting policy- and action-oriented research on such issues as the changing role of women in the family and in society, and how this changing role affects levels of fertility, incidence of teenage pregnancy, the legal position and reproductive rights of women, and employment opportunities for women. Such research would also examine the effects of migration and urbanization on the situation of women. Reproductive health and family planning activities would be undertaken in the context of initiatives designed to raise the educational level and economic position of women. The Fund would therefore support activities that promote increased enrolment of girls and women at every educational level, including support to the State Ministry for Women's Affairs and Social Services. UNFPA would provide \$500,000 for women, population and development activities.

#### Contraceptive requirements

41. The total contraceptive requirements for Turkey amounted to \$8.9 million in 1993 and are projected to increase to an annual amount of \$10.7 million by the year 2000. The Ministry of Health's service delivery network is estimated to require \$2 million worth of contraceptives in 1995 and \$2.3 million in 1996. The estimates for the clinics run by the Social Security Organization for the same years are \$285,000 and \$364,000, respectively.

42. The announced intention of USAID to phase out its assistance for contraceptives may limit the range and scope of available contraceptives if the Government is not able to secure other arrangements. During the phase-out period, USAID is expected to provide training and technical assistance to build capacity within the Ministry of Health to independently forecast and procure its supply needs, and to test the quality of contraceptives. The proposed UNFPA programme would also support training in these areas. In addition, the programme would support the initiatives that are being taken, with World Bank support, to develop an effective management information system. UNFPA would coordinate its activities in this area with those of USAID and the World Bank to ensure that training and other activities complement one another.

#### Programme monitoring, evaluation and management

43. The Government of Turkey would be the main implementing agency for the UNFPA-supported programme. In the Ministry of Health, the General Directorate of MCH/FP would be the main counterpart organization for programme implementation. The programme would enhance the capacity of the General Directorate of MCH/FP through training programmes in programme management and in monitoring and evaluation. It would also support the efforts of other agencies and organizations to improve the Directorate's management information system. Training programmes would be initiated for staff of other line ministries to increase their capacity to implement programme activities and to carry out monitoring and evaluation activities. The Fund would also work to enhance the capacity and effectiveness of national NGOs by strengthening their administrative structures and by providing technical support.

44. The monitoring and evaluation of the programme would take place in accordance with standard UNFPA guidelines. Special attention would be given to the inclusion of both quantitative and qualitative monitoring indicators during the formulation stage of programme activities. A mid-term review of the programme would take place in 1997.

45. In accordance with the recommendations of the Joint Consultative Group on Policy (JCGP), the second UNFPA-assisted country programme would be harmonized with UNDP's country programme cycle. UNFPA would ensure that the activities developed under this programme are in line with the Country Strategy Note and that it is closely coordinated, and where possible jointly financed, with other donors, particularly the JCGP partners, the World Bank, USAID and cooperating NGOs. UNFPA assistance would be provided, wherever possible, within the framework of a coordinated programme approach.

46. Within the Government, the Ministry of Foreign Affairs has the overall responsibility for coordinating international technical cooperation. The State Planning Organization is the programme planning counterpart of the United Nations system and thus would be responsible for the coordination and monitoring of the activities supported under the proposed programme. In accordance with the new monitoring principles contained in the Country Strategy Note, coordination meetings, chaired jointly by the State Planning Organization and the Ministry of Foreign Affairs, would be held annually to ensure effective coordination of technical cooperation programmes.

### Programme reserve

47. An amount of \$500,000 would be held in reserve for any unforeseen activities that may be developed within the framework of the proposed programme and in particular to provide assistance to NGOs participating in the implementation of the programme.

### Financial summary

48. As indicated in paragraph 1, UNFPA proposes to support a programme of \$7 million over the five-year period 1995-1999, of which \$6 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of \$1 million from a combination of UNFPA's regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate the proposed funding.

|                                             | <u>UNFPA regular<br/>resources</u><br>\$ | <u>Other<br/>resources</u><br>\$ | <u>Total</u><br>\$ |
|---------------------------------------------|------------------------------------------|----------------------------------|--------------------|
| Reproductive health and<br>family planning  | 3,200,000                                | 400,000                          | 3,600,000          |
| Information, education and<br>communication | 1,350,000                                | 500,000                          | 1,850,000          |
| Data collection and analysis                | 350,000                                  | 100,000                          | 450,000            |
| Population policy formulation               | 100,000                                  | --                               | 100,000            |
| Women, population and development           | 500,000                                  | --                               | 500,000            |
| Programme reserve                           | <u>500,000</u>                           | <u>--</u>                        | <u>500,000</u>     |
| Total                                       | 6,000,000                                | 1,000,000                        | 7,000,000          |

## V. RECOMMENDATION

49. The Executive Director recommends that the Executive Board approve the programme for Turkey as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

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**Executive Board  
of the  
United Nations  
Development Programme  
and of the  
United Nations  
Population Fund**

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**UNITED NATIONS POPULATION FUND  
PROPOSED PROJECTS AND PROGRAMMES**

**Recommendation by the Executive Director  
Assistance to the Government of Benin  
Support for a comprehensive population programme**

|                                                      |                                                                                                                                                         |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Proposed UNFPA assistance:                           | \$10.0 million                                                                                                                                          |
| Estimated value of the<br>Government's contribution: | To be determined                                                                                                                                        |
| Duration:                                            | Four years                                                                                                                                              |
| Estimated starting date:                             | January 1995                                                                                                                                            |
| Executing agencies:                                  | Government of Benin<br>United Nations and United Nations agencies and organizations<br>National and international non-governmental organizations (NGOs) |
| Government coordinating<br>agency:                   | Ministry of Planning and Economic Restructuring                                                                                                         |

Benin

Demographic facts

|                                          |       |                                              |      |
|------------------------------------------|-------|----------------------------------------------|------|
| Population (000)                         |       | Average annual change (000)                  |      |
| Total . . . . .                          | 5,409 | Population increase . . . . .                | 171  |
| Males . . . . .                          | 2,674 | Births . . . . .                             | 267  |
| Females . . . . .                        | 2,735 | Deaths . . . . .                             | 96   |
| Sex ratio (/100 females) . . . . .       | 97.8  | Net migration . . . . .                      | 0    |
| Urban . . . . .                          | 1,691 | Annual population total (% growth)           | 2.94 |
| Rural . . . . .                          | 3,718 | Urban . . . . .                              | 4.55 |
| Per cent urban . . . . .                 | 31.3  | Rural . . . . .                              | 2.16 |
| Population in year 2000 (000) . . . . .  | 6,266 | Crude birth rate (/1000) . . . . .           | 45.8 |
| Functional age groups (%)                |       | Crude death rate (/1000) . . . . .           | 16.4 |
| Young child: 0-4 . . . . .               | 19.6  | Net migration rate (/1000) . . . . .         | 0.0  |
| Child: 5-14 . . . . .                    | 27.8  | Total fertility rate (/woman) . . . . .      | 6.60 |
| Youth: 15-24 . . . . .                   | 18.4  | Contraceptive prevalence rate (% 15-44)      | 9    |
| Elderly: 60+ . . . . .                   | 4.5   | Gross reproduction rate (/woman) . . . . .   | 3.25 |
| 65+ . . . . .                            | 2.6   | Net reproduction rate (/woman) . . . . .     | 2.35 |
| Percentage of women aged 15-49 . . . . . | 43.4  | Infant mortality rate (/1000) . . . . .      | 79   |
| Median age (years) . . . . .             | 16.3  | Maternal mortality rate (/100,000) . . . . . | ..   |
| Dependency ratios: total . . . . .       | 101.1 | Life expectancy at birth (years)             |      |
| (/100) Aged 0-14 . . . . .               | 95.3  | Males . . . . .                              | 47.2 |
| Aged 65+ . . . . .                       | 5.7   | Females . . . . .                            | 50.6 |
| Agricultural population density          |       | Both sexes . . . . .                         | 48.9 |
| (/hectare of arable land) . . . . .      | 1.5   | GNP per capita (U.S. dollars, 1992)          | 410  |
| Population density (/sq. km.) . . . . .  | 46    |                                              |      |

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1994. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1994 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects: The 1994 Revision and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

/...

## I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of \$10.0 million, which would be committed from UNFPA's regular resources, over a four-year period, starting January 1995, to assist the Government of Benin in achieving its population and development objectives. This would be UNFPA's fourth country programme for Benin.
2. The proposed programme for 1995-1998 is based on: (a) the Government's objectives and strategies as outlined in the Economic Policy Framework 1994-1996; (b) the recommendations of the Programme Review and Strategy Development (PRSD) mission that visited Benin in May/June 1994; (c) the experience gained during the implementation of the three previous programmes of assistance; (d) the recommendations of the Programme of Action of the International Conference on Population and Development (ICPD); and (e) extensive consultations and discussions with senior officials of concerned Ministries, and with representatives of other United Nations agencies and organizations, especially UNDP, multilateral and bilateral donors, and non-governmental organizations (NGOs). The proposed programme is intended to complement and supplement national population activities.
3. Benin is a small country of about 115,000 square kilometres and a population of 5.4 million. This population is increasing at the rate of 2.9 per cent a year, which, if continued, would lead to a population of 16 million by 2025. Benin is one of the poorest countries in the world, with an annual per capita income of \$410. Other economic and social indicators are also poor, especially the adult illiteracy rate (71.4 per cent). The Government has launched a structural adjustment programme, but the expected benefits have not yet been felt.
4. In terms of assistance in the areas of health and population, Benin is the beneficiary of the programmes of a large number of United Nations organizations and agencies and of several major bilateral donors. The proposed UNFPA programme of assistance, in combination with these other resources, could lead to a real impact on family welfare and the population growth rate by the end of the programme period if certain major constraints can be overcome. The two most important of these have been the lack of coordination among major donors and the lack of commitment by the Government (there is, for example, no national population policy). The proposed programme is designed to address these problems.
5. The cornerstone of the proposed UNFPA programme would be to improve reproductive health and family planning (RH/FP) services in the context of the primary health care system. This will be supported and reinforced by appropriate information, education and communication (IEC) activities, relevant data collection and analysis, and pertinent operational research. An important related activity will be to elaborate a national policy to improve the role and status of women.
6. The immediate objectives of the programme would be to help reduce maternal and infant mortality and morbidity levels and to increase modern contraceptive prevalence from the current level, estimated at 2.5 per cent, to 4 per cent nationally and 9 per cent in urban areas by 1998. (See p. 2 for United Nations estimates, which show a somewhat higher level of contraceptive use.) This would be achieved by consolidating the delivery of family planning services in the 120 health centres that are currently being

supported by UNFPA and by developing outreach services to rural areas in all six of the country's administrative regions.

7. Other objectives would be to ensure an effective institutionalization of the population education and family life education (FLE) programme at all levels of the educational system as well as in private educational institutions, and to support action-oriented programmes in the area of women, population and development aimed at promoting responsible parenthood and at creating awareness of other issues concerning reproductive health (including family planning). The proposed programme is designed to enhance collaboration among all donors involved in the health and population field and to promote, to the extent feasible, national execution of population activities through appropriate training of nationals and the use of national expertise, with technical support provided by the UNFPA Country Support Team based in Dakar, Senegal.

## II. BACKGROUND

8. Demographic trends. According to the 1992 population census, the total population of Benin was 4.9 million (over 51 per cent of whom are women and some 48.5 per cent of whom are under 15 years of age). (See the demographic fact sheet on p. 2 for the latest United Nations estimates.) At the current rate of population growth, the population of Benin will double in 20 years. By the year 2025, it would increase to some 16 million. The population is unevenly distributed, with 60 per cent occupying the coastal region, which accounts for only 10 per cent of the national territory. The population is particularly concentrated in the three main coastal towns -- Cotonou, Porto-Novo and Ouidah. Between 1979 and 1992, according to the census, the proportion of the population living in urban areas rose from 26.5 to 36.0 per cent due primarily to deteriorating economic and social conditions in rural areas.

9. Social and economic factors. Between 1974 and 1982, the economy of Benin was subject to a period of intense state control and interventionism. With the launching of the first structural adjustment programme in June 1989, the Government's economic policy focused on reducing the role of the public sector, maintaining a balanced budget, encouraging development of the private sector, and using a three-year rolling plan of investments. Popular expectations for an improved standard of living following the return to multi-party democracy have not yet been realised, however, primarily because the necessary institutional changes have not been put into place. The country's socio-economic situation has been further complicated by the external adjustment measures taken by the Government following the 50 per cent devaluation of the CFA franc in January 1994.

10. With a per capita gross national product of \$410 per capita in 1992, Benin is one of the poorest countries of the world. The adult illiteracy rate remains high (71.4 per cent in 1992), and sociocultural barriers vis-à-vis improving the status of women and enhancing the education of girls still persist. Only 50 per cent of children of school age (of whom 32 per cent are girls) attended primary school in 1990. The downward trend of budgetary allocations, especially for activities in the social sector, has led to lower school enrolment rates at all three levels of the education system.

11. Although women constitute the majority of the labour force in both the rural and informal sectors and play an important social and economic role, they remain disadvantaged. Only 1.2 per cent of women

participate in the formal sector of the economy. Equality between men and women, although recognized in the Constitution, has yet to be translated into daily life. The National Commission for the Integration of Women into the Development Process, established in February 1994, is, however, making laudable efforts to develop and implement a national strategy for improving the condition of women. The recent adoption of a Family Code is designed to facilitate the improvement of the status of women and their integration into the development process. A recent government decision to provide free education for girls in rural areas should increase school enrolment for girls.

12. Health care indicators. The Beninese authorities consider access to health services as a priority. The Government has adopted primary health care as the major strategy for achieving the objective of "Health for All". To this end, the peripheral health service system has been recently created to supervise and coordinate the preventive, curative and promotional health services at the district and community levels and to serve as the level of first referral for these levels of the health-care system.

13. Government policy is to provide integrated RH/FP services at the University Hospital (referral) Centre in Cotonou, at all four provincial hospital centres, as well as at 84 district health centres, 285 communal health centres and 371 village health posts. In the private sector, health services are available (as of 1993) in 13 hospitals or polyclinics, 46 surgeries, 56 maternity clinics and 47 health (nursing) centres. In addition, there are several NGO (especially missionary) health centres across the country.

14. Despite the sectoral reforms undertaken by the Government since 1989 aimed at improving the performance of health services, the quality and effectiveness of these services are still lacking. The health situation in Benin is characterized by the prevalence of infectious and parasitic diseases (malaria, diarrhoea, gastro-enteritis). The number of declared cases of HIV/AIDS (predominantly among prostitutes and 15-49 year-olds) in 1993 was 566, compared with 218 in 1992. About 9,865 cases of sexually transmitted diseases (STDs) were noted in 1992, with Ouémé and Borgou provinces being the most affected.

15. Malnutrition affects 35 per cent of children under 5 years of age. The crude death rate is high, at 16.4 per 1,000 population. Infant and child mortality, the principal component of general mortality, is also comparatively high (a combined 149 per 1,000 live births in 1990). Maternal mortality is 260 per 100,000 live births in hospitals, but the national average is estimated at 800 per 100,000 live births. Only 34 per cent of births are assisted by health personnel. The incidence of induced abortion is increasing rapidly and is reported to account for 33 per cent of maternal deaths.

16. Public access to modern health services is still limited to about 50 per cent of the total population. Between 1992 and 1993, the proportion of the population relying on traditional practitioners rose from 25 to 33 per cent, due essentially to the prohibitive cost of modern health services. With a national average of one doctor for every 14,768 inhabitants (reaching one doctor for every 39,000 patients in the North), one midwife for every 10,530 inhabitants and one nurse for every 3,447 inhabitants (1992), Benin's health-care system is considerably below the World Health Organization's (WHO) norms for the provision of these services. The health infrastructure is confronted with problems of inadequate resources coupled with poor management capacity and low quality of services.

17. In addition to the government health units, family planning services are also provided by the private sector and by two urban clinics (in Cotonou and Porto-Novo) of the Benin Association for the Promotion of the Family (ABPF), the local affiliate of the International Planned Parenthood Federation (IPPF). In spite of the multiplicity of financial, material and technical resources provided by donors for family planning services for the last two decades, the contraceptive prevalence rate, which has never been scientifically assessed, has remained between 1.0 and 2.5 per cent.

18. The factors constraining the acceptance and practice of family planning are varied and numerous, and range from the lack of resources, to low management and absorptive capacities, to the absence of a comprehensive family planning policy document. They also include: ineffective intersectoral coordination of activities; ineffective integration of family planning with maternal and child health (MCH) services; lack of confidentiality in the delivery of contraceptive services; poor Government/NGO collaboration; the continued existence of the 1920 French colonial law prohibiting the use of contraception; the necessity of getting husbands' consent as a pre-condition for delivery of family planning services to married women; religious (especially Islamic) opposition; and the inherent pronatalist attitudes of Beninese society. However, the Government has adopted a "laissez-faire" attitude towards the delivery of, and information on, family planning services. Steps are being taken to replace the 1920 French law with a government declaration aimed at legalizing the provision of family planning information and services which would allow these services to be integrated more effectively into the MCH services that are available.

19. The Government's awareness of the interrelationships between population dynamics and sustainable development has been reflected in successive national development plans and more recently in the documents prepared for the ICPD. The establishment of a Population Planning Unit in the Ministry of Planning in 1989 and the creation in 1991 of the Ministry of Environment, Urbanization and Housing are a further demonstration of this awareness. An Environmental Plan of Action was developed in 1992 that includes seven action-oriented programmes that are funded by the World Bank and UNDP.

### III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

20. UNFPA assistance to Benin commenced in 1972 with preparatory support for the first population and housing census. During 1981-1982, additional funds in the amount of \$1.4 million were allocated to support MCH/FP activities. The first comprehensive programme of assistance for population activities was approved in 1983 in the amount of \$2.4 million for four years. The second country programme was approved for a five-year period from 1988 to 1992 with the overall objective of institutionalizing population policies and integrating demographic variables into national development plans. Expenditures totalled \$4.2 million, against an original approved amount of \$4.0 million. A third programme was implemented from 1992 to 1994. Over 50 per cent of the approved programme amount of \$4.6 million, including \$2.8 million from UNFPA regular resources, was allocated to the MCH/FP and IEC sectors. The programme implementation rate is estimated at 77 per cent.

21. UNFPA assistance has contributed to raising the awareness of government officials and opinion leaders about population issues; making basic population data available for development planning; strengthening the national capacity to carry out activities in the population field; and helping to create infrastructures to promote women's activities.

22. In spite of these achievements, the implementation of the UNFPA-assisted programme in Benin has been hampered by inadequate infrastructure; poor and/or ineffective interagency collaboration; inadequate use of NGO (especially ABPF) expertise and operational services; insufficient awareness among policy and decision makers of the interrelationships between population and the development process; inadequate training for national cadres in carrying out activities; and ineffective overall management.

#### Maternal and child health and family planning

23. UNFPA support to MCH/FP activities dates back to 1981, when a grant of \$2.35 million was provided for birth-spacing activities. This assistance has been continued to the present to assist the Government in strengthening MCH/FP services, in formulating and implementing a national family planning policy and strategy, and in providing contraceptives.

24. UNFPA's assistance has helped to train health personnel; renovate 250 health centres and provide contraceptives and medical equipment to these centres; strengthen the national referral centre and rehabilitate eight family planning centres; elaborate a national policy document for family planning, not yet officially adopted; and prepare IEC materials for family planning motivation activities. A Family Health Division was also recently created within the Ministry of Health, with responsibility for conceptualizing, developing and coordinating family health, including family planning, activities in Benin.

25. In spite of the progress made, the basic conditions needed to realize the objectives of this sector have still not been well established. Too strong an emphasis was put on maternal and child health in relation to family planning during the first two UNFPA-assisted programmes. The modalities for collaboration between the Ministry of Health and relevant NGOs, especially the ABPF, have not been clearly defined. This situation has given rise to avoidable duplication of effort and services. Other constraints include inadequate budgetary allocations for health-sector activities and ineffective coordination of the various donor activities.

#### Information, education and communication

26. The introduction of population education and family life education (FLE) into the formal school system started on a pilot basis in 1984 with UNFPA assistance. The activities undertaken in three phases between 1984 and 1994 have permitted the formulation of an appropriate strategy covering interrelated efforts to develop curricula, produce didactic materials, train trainers and teachers, and sensitize heads of schools and those responsible for revising school curricula. The programme, which is being extended throughout the country's school system, now involves 500 primary schools out of 2,736; 80 secondary schools out of 156; and in-service training for 21 per cent of primary-school teachers and 40 per cent of secondary-school teachers.

27. Several weaknesses have hampered the implementation of the population education and FLE programme including the ineffective institutionalization of the programme, the absence of a system of continuous monitoring and evaluation and the constant changes in the programme's core management team. Furthermore, there has been little or no coordination between the UNFPA-assisted programmes and similar programmes supported by other organizations such as FAO and UNICEF. Moreover, the

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population education and FLE programme covers only students in the public schools, not those in private institutions.

28. In the non-formal sector, UNFPA began support for activities aimed at fostering population communication in rural areas in 1989. These were intended to sensitize recent literates, to train journalists in population concepts and to create pilot centres for the production of pamphlets and other motivational materials. Implementation was hampered by the weakness of the institutional framework, the absence of a clear national strategy for population communication, and over-ambitious objectives. Major achievements to date include the training of 29 technicians in introducing population education into post-literacy curricula and of 18 journalists in population-related information and communication techniques. In addition, radio tapes have been produced for broadcasting in rural areas, and a training manual has been published.

#### Data collection and analysis

29. UNFPA assistance has enabled the Government of Benin to implement two population and housing censuses in 1979 and 1992. The final results of the 1992 census have been published and circulated to national users and development partners. UNFPA also supported the pilot phase of a civil registration project, initiated in 1989. The project had been expected to improve the civil registration system in three of the country's six provinces, but it had to be suspended as a result of the country's socio-political situation in 1990.

#### Population policy formulation

30. In 1988, UNFPA provided assistance for the establishment of a Population Planning Unit (PPU) in the Ministry of Planning. The institutional capacity of the Population Planning Unit has been strengthened through study tours and long-term training abroad. Research related to the formulation of a population policy and the integration of population variables into development plans was carried out in collaboration with the Population Training and Research Centre at the National University of Benin. Progress has been made in elaborating a national population policy document.

31. Project implementation has been constrained by ineffective coordination among institutions involved in population activities. This is partly due to the fact that the national coordinator of population activities has not been available on a full-time basis, and partly due to public-sector strikes and understaffing as well as inexperience and high staff turn-over at the Population Planning Unit.

#### Population dynamics

32. UNFPA's support to the Population Training and Research Centre at the National University of Benin has resulted in the training of 24 senior technicians and two doctoral candidates. The Centre has edited two important studies for publication and is currently carrying out research studies on the opinions and behaviours of couples living in Cotonou concerning family planning and children's health.

33. In the long term, success of activities in this area could be hampered by the limited financial resources of the University. Furthermore, there is no mechanism in place to coordinate the activities of the Centre with those of other national research institutions involved in population-related issues in Benin.

#### Women, population and development

34. In 1988, UNFPA approved support for the training of women's groups and cooperatives in the management of income-generating and other women's development activities. The project was not able to fully achieve its objectives, however, owing to the unexpected dissolution of the implementing agency in March 1990. Implemented activities consisted of workshops for 36 trainers to help develop a project strategy and of field trips to identify on-going activities of women's associations. UNFPA support to this sector was resumed in 1994 as the Fund provided assistance to the National Commission for the Integration of Women into the Development Process to prepare for the Fourth World Conference on Women, to be held in Beijing in September 1995, and to formulate a national policy on women and development, with relevant action plans. Other development activities for women, such as management training, utilization of appropriate technology, and reduction of illiteracy among girls, have been funded by a variety of United Nations agencies and organizations.

#### Other external assistance

35. Much of the international assistance to Benin has focused on health and, to a lesser extent, environmental protection, and these have implications for the area of population. The World Bank, in collaboration with Coopération Suisse, provides support, in the amount of \$29 million, to help develop health services in such areas as resource management, reform of the national pharmaceutical system, institutionalization of MCH/FP services, and the prevention of AIDS. UNDP has supported, *inter alia*, some 15 pilot community-based clinics in underserved urban areas and provided assistance to produce training materials for health personnel. UNICEF's programme of assistance, totaling \$21 million, encompasses many health-related activities, including health education in primary schools and Safe Motherhood programmes. The previous UNICEF programme (1990-1994) had supported the Expanded Programme of Immunization (EPI) and promoted primary health care. WHO has developed a training programme for health personnel. It also provides support for the construction of clinics for cooperatives and collaborates with the University Hospital Centre in the area of human reproduction.

36. The European Union provides assistance to construct and equip hospitals in three towns. The Coopération Française has provided technical assistance to improve the management of the health sector and to help set up a health data system. It has also provided equipment and training, and supported activities to prevent the spread of malaria, AIDS and other endemic diseases. The United States Agency for International Development (USAID) has supported two urban clinics run by the ABPF in Cotonou and Porto-Novo. It has also provided funds for an operational research study on the status of family planning services in Benin that was conducted in July-August 1994. The German Government has provided support to construct and/or renovate and equip health facilities as well as to improve family planning service delivery and to train health personnel in 10 sub-districts.

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37. The IPPF is the only international NGO providing substantial assistance for population activities. Since 1972, it has provided funds to the ABPF to implement IEC activities and procure contraceptives.

#### IV. PROPOSED PROGRAMME 1995-1998

38. In the planning and implementation of programme activities, the proposed UNFPA programme would place particular emphasis on IEC activities in order to create the conditions needed to help change attitudes towards reproductive health and family planning services and, correspondingly, to increase demand for such services. Operational research activities have been included in each of the core sectors of the UNFPA programme. These research activities would be closely coordinated, and the results used to further develop each sector of the programme. The findings would also be made available for programme evaluation activities. Among the targets of the IEC programme would be politicians, decision makers and development planners, as well as programme managers and beneficiaries.

39. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) which was endorsed by the General Assembly through its resolution 49/128; that is, that human beings are at the centre of concerns for sustainable development (principle 2 of the Programme of Action); that population-related goals and policies are integral parts of cultural, economic and social development, the principal aim of which is to improve the quality of the life of all people (principle 5); that advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes (principle 4); that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (principle 8); that reproductive health-care programmes should provide the widest range of services without any form of coercion (principle 8); and that the principle of informed free choice is essential to the long-term success of family-planning programmes; that any form of coercion has no part to play; that governmental goals for family planning should be defined in terms of unmet needs for information and services; and that demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients (chap. VII, para. 12 of the Programme of Action).

#### Reproductive health and family planning

40. Beginning in 1995, the Government adopted a reproductive health and Safe Motherhood approach for the development and implementation of health-sector activities, as set out in its Economic Policy Framework, 1994-1996. This Framework encapsulates the National MCH, Family Planning and Nutrition Programme, whose objectives are, inter alia: to reduce maternal and child mortality and morbidity; to make birth-spacing available throughout the health-care system; and to prepare adolescents for responsible parenthood. This will require working in close collaboration with selected NGOs, as well as with two university health centres in Cotonou. The UNFPA proposed programme, therefore, envisages strengthening one of the main NGOs, the ABPF, to enable it to participate effectively in family planning clinical and outreach services, especially in rural areas.

41. A major goal of the proposed programme is to reformulate and subsequently implement a national reproductive health care and family planning programme, which would include defining the concept, contents and norms for integrating reproductive health services, family planning services and Safe Motherhood activities. UNFPA assistance would be used to help consolidate support to renovate and equip 120 health centres, as well as to supply them with contraceptives.

42. In order to accomplish the proposed goals, it will be necessary to strengthen the Ministry of Health through the development of training modules as well as the provision of training and refresher courses for central and provincial health staff. This training will focus on reproductive health and family planning, in particular as regards information and communication (especially counselling) and service delivery techniques. It will also include training modules on client follow-up; family planning programme planning, implementation and monitoring; and personnel and stock management.

43. In order to provide the services that are actually required, the proposed programme would support research into the critical factors affecting the demand for RH/FP services, including current levels of contraceptive use, the perceived quality of services, and the perceptions and attitudes of health personnel towards family planning. Such research would also examine the reproductive health needs of adolescents, ways of introducing HIV/AIDS topics into RH/FP services, and the impact of the family planning programme on maternal and child mortality.

44. UNFPA assistance would further serve to strengthen the Ministry's recently created Family Health Division through the provision of equipment, training and study tours. The Fund would also help to elaborate a revised Memorandum of Understanding defining the complementary modalities for the collaboration between the Ministry of Health and the ABPF.

45. The proposed programme would also provide support for IEC activities specifically designed to complement the RH/FP programme. A major activity would be to formulate and implement a national IEC strategy that would include audience research and analysis; a plan to cover the training of health personnel in communication techniques; a component on message development; and a built-in evaluation component to assess the impact of various activities. The proposed programme would also reinforce the IEC Section of the Ministry of Health through various training activities. UNFPA would provide \$5 million for activities in the area of reproductive health and family planning, including associated IEC activities.

#### Information, education and communication

46. The overall objective of proposed activities in this area is to create an environment conducive to promoting responsible parenthood and to attaining a fuller understanding among decision makers, religious and community leaders, and the general public of the importance of population factors to sustainable development, and of the relationship between the status of women and levels of fertility. There are several important constraints that must be overcome in achieving this objective: (a) the absence of a national institutional framework to guide the development, implementation, monitoring, coordination and evaluation of an IEC programme; (b) inadequate human and material resources; (c) the absence of

relevant operational research activities in the different concerned ministries; and (d) the existence of sociocultural barriers such as the low status of women and high rates of illiteracy.

47. UNFPA would provide support, in consultation and collaboration with the World Bank, UNICEF and USAID, to elaborate a national strategy on population communication and family planning, to be integrated into the framework of the national policy on communication that is currently being developed. UNFPA would provide funds for operational research that would serve as a basis for developing messages and training activities; providing training in social communication and population issues for journalists and planners; conducting study tours; producing local, culturally-sensitive motivational materials; and extending assistance to national and rural radio stations as well as to traditional communications channels. Support would also be provided to national NGOs involved in population IEC activities to help them build up their technical capacity, procure audio-visual and other equipment, and conduct motivational activities.

48. IEC activities in the formal sector would aim at institutionalizing the population education and FLE programmes at all levels of the educational system. An initial goal would be to transfer the responsibility for the coordination of programme activities to the National Institute for Training and Research in Education. UNFPA would work to synchronize and harmonize the different programmes supported by donor agencies, including their contents, so that they all include material on protecting the environment and preventing the spread of STDs, especially HIV/AIDS. Under the proposed programme, population training components would be extended to teacher training colleges for primary-school teachers and to private educational institutions. UNFPA would seek to strengthen activities started in the previous programme to sensitize parents about the benefits of population education. The programme would also include a built-in evaluation component that would allow for continuous monitoring.

49. UNFPA would continue to support efforts to conceptualize curriculum contents in the light of the country's on-going educational reforms. The Fund would also provide assistance to conduct workshops on developing and implementing multisectoral programmes; to produce audio-visual and educational materials; to make better use of rural radio; to promote close collaboration between the Government and the ABPF, in particular in reviewing the contents of its courses and radio programmes; and to provide support for training abroad in IEC techniques. UNFPA proposes to provide a total of \$2 million for activities in the IEC sector.

#### Data collection and analysis

50. UNFPA assistance would help the Government attain its immediate objective of having, in a usable form, up-to-date and gender-specific socio-demographic data in support of the national population policy by the end of the programme. UNFPA would therefore support efforts to improve the technical and institutional capacities of the National University of Benin in conducting population research and training activities and of the National Institute of Statistics and Economic Analysis (INSAE) in developing a national strategy for data collection and management. UNFPA would also help elaborate and implement a national programme to strengthen the country's data-collection system and to manage an operational database. Specific activities would include undertaking a Safe Motherhood survey and publishing the results before 1997 in order to provide a basis for revising and improving the country's programmes in the areas of reproductive health, IEC, and women in development. The Fund would also provide support for

in-depth research studies on the determinants of internal and external migration in order to facilitate the formulation of government policy in this area. UNFPA would assist INSAE in publishing a national atlas based on the results of the second population census.

51. UNFPA assistance in the amount of \$1 million would cover short-term technical assistance from the UNFPA Country Support Team in Dakar, research studies, multisectoral workshops, dissemination seminars, and training in demographic data analysis and in population research.

#### Population policy and development planning

52. The proposed programme is designed to help improve national technical and institutional capacities to conceptualize, implement and manage population policies and programmes. UNFPA would therefore provide \$1.2 million to: (a) strengthen the institutional capacity of the Permanent Secretariat for the Coordination of Population Policy and Programme Implementation as well as the provincial organs of the National Commission for Human Resources and Population in order to facilitate the implementation of the population policy once it is adopted, as well as to coordinate donor activities at the provincial level; (b) make the Documentation Centre of the Permanent Secretariat fully operational; (c) improve the documentation on population questions in all six provinces; and (d) provide short-term training, both on-the-job and abroad, for the specialists involved in elaborating, implementing and coordinating population programmes.

#### Women, population and development

53. UNFPA would collaborate with other multilateral organizations to provide support for the elaboration of a national policy to promote the empowerment of women. Such a policy would be based on strengthening the partnership between the public sector on the one hand and the private sector and NGOs on the other. The Fund would also support operational research on women's attitudes and opinions concerning family planning in order to provide basic information for improving the reproductive health programme. UNFPA would provide assistance to disseminate the provisions of the Family Code in the national languages. Further, UNFPA would work to change male attitudes concerning the role of women, primarily through the IEC activities it supports.

54. An important area of focus would be women's groups. UNFPA would support population education and FLE activities aimed at these groups, along with courses designed to achieve functional literacy among their members. The Fund would prepare an inventory of existing women's groups, training and social welfare centres for women and girls, as well as other training and literacy structures that could serve as a framework for these efforts. UNFPA proposes to provide \$600,000 to support activities in the area of women, population and development.

#### Programme reserve

55. An amount of \$200,000 would be held in reserve for any unforeseen proposals that may be developed within the framework of the proposed programme.

#### Programme coordination

56. In agreement with the Ministry of Foreign Affairs, the Ministry of Planning and Economic Restructuring is responsible for coordinating and monitoring all external assistance. The National Commission for Human Resources and Population will play a key role in the coordination of the population programme in close collaboration with all the sectoral directorates. UNFPA would endeavour to strengthen collaboration and coordination among the main multilateral and bilateral organizations active in population and related activities (the World Bank, UNICEF, UNDP, and USAID) in order to promote the exchange of experiences and a judicious utilization of scarce resources. The role of NGOs would also be strengthened by promoting closer collaboration between the Government and NGOs, as well as among NGOs themselves, through joint and/or complementary activities. In particular, the activities of the World Bank's \$29 million population and health project would be closely coordinated with proposed UNFPA-supported reproductive health activities in order to avoid unnecessary duplication.

57. The members of the Joint Consultative Group on Policy (JCGP) have agreed to harmonize their respective programming cycles. UNDP, UNICEF and UNFPA will undertake a joint programme formulation exercise at the beginning of 1999. In this regard, UNDP intends to extend its current (1994-1997) programme cycle by one year. UNICEF's current programme covers the period 1994-1998. UNFPA would also ensure that outputs from population-related programmes are widely disseminated to other organizations and agencies active in the country and to executing agencies.

#### Programme management, monitoring and evaluation

58. The monitoring of all the sectoral activities developed as part of the proposed programme would be implemented in compliance with standard UNFPA procedures. All activities would have built-in mechanisms for monitoring and evaluation and would be subject to annual and final tripartite review and monitoring visits. A mid-term programme review would be undertaken during the first quarter of 1997 in order to assess progress and problems in programme implementation and to make appropriate adjustments. The programme would be evaluated in 1998 with a view to determining the profile of the next country programme.

59. The UNFPA Representative and the UNFPA Country Director would have full responsibility for managing the programme. In this regard, the non-resident Country Director, based in nearby Lomé, Togo, will make regular (twice a quarter) programme monitoring visits to Benin (until such time as a resident Country Director is appointed), and will be assisted by the UNFPA local staff. The UNFPA local office would be strengthened by the recruitment in 1996 of a finance assistant.

#### Financial summary

60. As indicated in paragraph 1, UNFPA would provide assistance to Benin in the amount of \$10.0 million from UNFPA's regular resources over the four-year period 1995-1998. The following table shows how the funding would be distributed over the programme areas:

|                                               | UNFPA regular<br><u>resources</u><br>\$ |
|-----------------------------------------------|-----------------------------------------|
| Reproductive health and<br>family planning    | 5,000,000                               |
| Information, education and<br>communication   | 2,000,000                               |
| Data collection and analysis                  | 1,000,000                               |
| Population policy and development<br>planning | 1,200,000                               |
| Women, population and development             | 600,000                                 |
| Programme reserve                             | <u>200,000</u>                          |
| TOTAL                                         | 10,000,000                              |

## V. RECOMMENDATION

61. The Executive Director recommends that the Executive Branch approve the programme for Benin as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

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